DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM

Administrative Services Office/Contracts 250 South Hotel Street, 5th Floor Room 510D Honolulu, Hawaii 96813

Telephone: 586-9312 Fax: 586-2452

Professional Services Application Form

Company Name:	
Principal Business Address:	
Contact Person:	
Phone Number:	Fax Number:
Satellite Locations:	
List all Professions for which you qualify:	
Age of Firm: Avera	age # of Employees over the past 5 years:
Description of Firm/Specialties:	
List Principals/Partners/Key Employees	Education/Training/Licenses/Qualifications

Other Personnel:		
	ts who may be contacted a sny services within the last	as references. The first 2 listed references should be references that t 2 years:
Company Name	Contact Person	Phone No. Nature of Work Performed for Client
1.		
2.		
	<u> </u>	<u> </u>
3.		
		
4.		
5.		
ist Projects Interested	In:	

Attach any promotional or descriptive literature that you desire to submit.